

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28656

FILED SEP 1 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2351

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Illinois		b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis		c. LENGTH OF STAY (In this place) 10 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 705 N. 62nd			
3. NAME OF DECEASED (Type or Print) a. (First) LAURA		b. (Middle) M		c. (Last) RICKS	
4. DATE OF DEATH (Month) (Day) (Year) August 17, 1951		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 22, 1906		9. AGE (In years last birthday) 44	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Caradine Hat		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Valentine Schreiber		13b. MOTHER'S MAIDEN NAME Pauline Protz	
14. NAME OF HUSBAND OR WIFE Jack Ricks (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes WW 2 (Wac)		16. SOCIAL SECURITY NO. WW 2 (Wac)	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Kauble, Jennings, Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEUKEMIA, ACUTE (STEM) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 20H. 3	
22. I hereby certify that I attended the deceased from Jan 19 th to Aug 7, 1951, that I last saw the deceased alive on Aug 17, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Harold Friedman MD		(Degree or title)		23b. ADDRESS 634 No. Grand St. St. Louis, Mo	
23c. DATE SIGNED 8/17/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 17, 1951	
24c. NAME OF CEMETERY OR CREMATORY Crestwood		24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill		24e. FEDERAL DIRECTOR'S SIGNATURE Charles Burrus	
24f. ADDRESS Crestwood		DATE RECD BY LOCAL REG. AUG 17		REGISTRAR'S SIGNATURE J. Earl Smith, M.D., R.C.P.	

NOV 16 1961

JAN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed *Charles G. Kurms*

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.